

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carmella D'Acquisto	<i>Carmella D'Acquisto</i>	Street: 633 Langdon St. Apt #120 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11 / 17 / 2011 (Month) (Day) (Year)
2. Christopher Osowski	<i>Christopher Osowski</i>	Street: 1000 Edgewood College Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
3. Katherine Plikuhn	<i>Katherine Plikuhn</i>	Street: 4310 Lumley Rd, Apt 1 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Carole Carlson, (certify): I reside at 2971 Pine Way Trail Richboro
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Carole Carlson
(Signature of Circulator)

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1. John J. McKerny	<i>[Signature]</i>	Street: 3739 Ridgeway Rd City: Ridgeway Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ridgeway	11 / 17 / 2011 (Month) (Day) (Year)
2. Katja Seitz	<i>[Signature]</i>	Street: 1000 Edgewood College Dr. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
3. Corinna Greenwood	<i>[Signature]</i>	Street: 934 Mayfair Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
4. Janel Oberle	<i>[Signature]</i>	Street: 1513 Aldora Ct. City: Wauwatosa WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatosa	11 / 17 / 2011 (Month) (Day) (Year)
5. Gregory Brackinridge	<i>[Signature]</i>	Street: 1000 Edgewood College Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Issaka L. Aguirre, (certify): I reside at 1000 Edgewood College Drive Madison City
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]

(Signature of Circulator)

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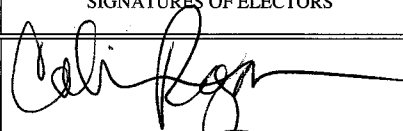
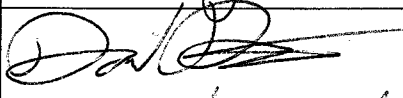
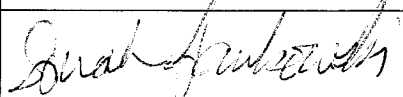
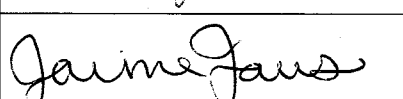
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SCOTT WALKER RECALL PETITION

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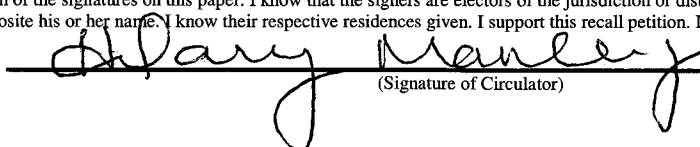
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1. COLIN REGAN		Street: 308 N. BLOUNT ST APT. 1 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. David Dotti		Street: 5311 Brody dr. #102 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Sarah Jankowski		Street: 154 Lakewood Carlinson City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Jaime Faus		Street: 5 High Point Woods Dr #201 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Hilary Manley, (certify): I reside at 2216 1/2 St Paul Av City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Julie Amakobe	<i>Julie Amakobe</i>	Street: 3205 Country Grove Drive City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Melissa Eischens	<i>Melissa Eischens</i>	Street: 1118 Ann St #8 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Stephen Hartzner	<i>Stephen Hartzner</i>	Street: 2244 Circle Ridge Dr City: Deletfield WI Zip: 53018	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deletfield	11/16/2011 (Month) (Day) (Year)
4. DARLEEN DANKERT	<i>Darleen Dankert</i>	Street: 938 O'SHERIDAN ST City: MADISON WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. David L DELL	<i>David L Dell</i>	Street: 4211 Lock out TR City: 2nd FARLAND Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/16/2011 (Month) (Day) (Year)
6. Katrina Bard	<i>Katrina Bard</i>	Street: 840 W South St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
7. TAD DRAIN	<i>Tad Drain</i>	Street: 11327 S HURKINS City: Brodhead Zip: 53520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Avon	11/16/2011 (Month) (Day) (Year)
8. Greg Polzin	<i>Greg Polzin</i>	Street: 509 Glen Hwy City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Quincy Neri, (certify): I reside at 809 N. THOMPSON DR 102 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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1. Steve Robinson	S.J. Robinson	Street: 939 Lorena Parkway City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Susan Rodin	Susan Rodin	Street: 610 Park Ave City: DeForest Zip: 53532	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DeForest	11/16/2011 (Month) (Day) (Year)
3. Thomas Drews	Thomas Drews	Street: 1111 N. Roosevelt Dr City: Beaver Dam, WI Zip: 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	11/16/2011 (Month) (Day) (Year)
4. JEFF NIESEN	Jeff Niesen	Street: 7850 EAST OAKBROOK CIRCLE City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. KEVIN WAGGONER	Kevin Waggoner	Street: 29686 ARGUE RD City: NEW GLAUBUS, WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EXETER	11/16/2011 (Month) (Day) (Year)
6. Cedarose Keeley	Cedarose Keeley	Street: 1714 Madison Baird St City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. TERESA VARESE	Teresa Varese	Street: 1001 Magnolia Ln City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Tom Dropp	Tom Dropp	Street: 2718 Pleasant Ridge Tr. #205 City: Madison, WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Donald V Martinsai	Donald V Martinsai	Street: 2845 Riva Ridge Cir City: Cottage Grove Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/16/2011 (Month) (Day) (Year)
10. Lesly Anderson	Lesly Anderson	Street: 1609 Moline St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)

I, Quincy Neri, (Name of Circulator) certify: I reside at 809 N THOMPSON DR. 102 (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
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(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

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1. Dana LesMonde		Street: 2917 Curry Pkwy #1 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Wesley Jennings		Street: 6927 LAKE City: FALL RIVER WI Zip: 53432	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FALL RIVER	11/16/2011 (Month) (Day) (Year)
3. Judith Clark		Street: 8467 Arbor Trace Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Springdale	11/16/2011 (Month) (Day) (Year)
4. Archie Leeder		Street: 7237 Tempa Ln #99 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Jake Lobben		Street: 1719 Sherman Ave City: Janesville Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)
6. MATT SPARKY		Street: 232 ROOSEVELT AVE City: JANEVILLE Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JANEVILLE	11/16/2011 (Month) (Day) (Year)
7. JIM JACKSON		Street: 101 Park x 607 City: DEFREST Zip: 53532	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BURKE	11/16/2011 (Month) (Day) (Year)
8. DIANNE LIECH		Street: 1781 DUNNWOOD WAY City: OREGON WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/16/2011 (Month) (Day) (Year)
9. Patricia Erstad		Street: 893 Della Rd City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
10. MARK VAN ALLEN KRANZ		Street: 4009 HAMMERSLEY AVE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

I, Quincy Neri (Name of Circulator), (certify): I reside at 809 N. THOMPSON DR 102 (Circulator's Residence - Street name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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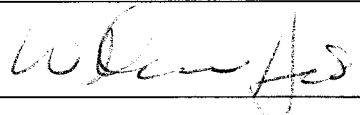
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SCOTT WALKER RECALL PETITION

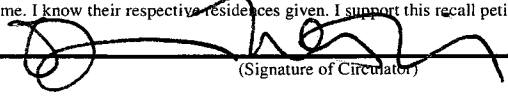
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1. WILLIAM HOSPER		Street: 908 MADISON MADISON DR City: MADISON, WI Zip: 53752	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Quincy Nery, (certify): I reside at 809 N. THOMPSON DR. 102 MADISON (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sarah P Bobbster	<i>[Signature]</i>	Street: 722 Spruce St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUPRAIRE	11/16/2011 (Month) (Day) (Year)
2. Kaurin Angenrke	<i>[Signature]</i>	Street: 880 Garden Dr #89 City: S.D. Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STOUTLAND	11/16/2011 (Month) (Day) (Year)
3. Robert Breitzke	<i>[Signature]</i>	Street: 524 Ringe St City: Staughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Torey Jennings	<i>[Signature]</i>	Street: 2712 Pheasant Ridge Trl City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Rachel Rought	<i>[Signature]</i>	Street: 2418 Country Rose Ct City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Tony Petrangelo	<i>[Signature]</i>	Street: 721 N Star Dr City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. John Turnbull	<i>[Signature]</i>	Street: 5612 LAYERS DR City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cross plains	11/16/2011 (Month) (Day) (Year)
8. Theresa Lopez	<i>[Signature]</i>	Street: 6411 West Gate Rd City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
9. Cody Gregson	<i>[Signature]</i>	Street: 3048 Niesen St City: Cross Plains WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CROSS PLAINS	11/16/2011 (Month) (Day) (Year)
10. Sharon Walter	<i>[Signature]</i>	Street: 616 Bliven Rd City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Albion	11/16/2011 (Month) (Day) (Year)

I, Quincy Neri, (Name of Circulator), certify: I reside at 8091 N THOMPSON DR 102 MADISON (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2258

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Quincy Neri</u> Sign: <u>[Signature]</u>	Street: <u>809 N. Thompson DR. 102</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>quincyneri@gmail.com</u> Phone: <u>(608) 608-1608</u>
2. Print: <u>Chris MISCIK</u> Sign: <u>Chris MISCIK</u>	Street: <u>809 N Thompson Dr</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>cmiscik@gmail.com</u> Phone: <u>(608) 608-1608</u>
3. Print: <u>Jeanne Leep</u> Sign: <u>[Signature]</u>	Street: <u>6204 West Gate Rd</u> City: <u>Monona WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jeanneleep@gmail.com</u> Phone: <u>(608) 608-1608</u>
4. Print: <u>Christopher D. Edmonds</u> Sign: <u>[Signature]</u>	Street: <u>6204 West Gate Rd</u> City: <u>Monona, WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>supersup@gmail.com</u> Phone: <u>(608) 608-1608</u>
5. Print: <u>Eric Steffen</u> Sign: <u>[Signature]</u>	Street: <u>Birch Haven Cir</u> <u>1111 MONONA</u> City: <u>MONONA</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>ericsteffen@gmail.com</u> Phone: <u>(608) 608-1608</u>

Certification of Circulator

Quincy Neri (Printed Name of Circulator) (certify): I reside at 809 N THOMPSON DR 102 (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2257

Circulators,
Please include your

Phone: 608
Email: quincyneri@gmail.com

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: DENNIS GONENSON Sign: <i>Dennis Gonen</i>	Street: 4310 NAKOMA ROAD, UNIT 3 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email: <i>De</i> Phone: (608)
2. Print: PAMELA CREMER Sign: <i>Pamela Crema</i>	Street: 1111 BIRCH HAVEN City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email: <i>Cre</i> Phone: (608)
3. Print: Zoe Schuler Sign: <i>Zoe Schuler</i>	Street: 4301 Rigney Ln City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email: <i>zoesh</i> Phone: (608)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1 / / 20 (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1 / / 20 (Month) (Day) (Year)	Email: _____ Phone: _____

Quincy Neri (Printed Name of Circulator), (certify): I reside at 809 N. THOMPSON DR, 102 (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2260

Circulators,
Please include your
Phone: 608
Email: quincy
A3

Return
Comm
PO Box
Madison

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Nicole Beck</u> Sign: <u>[Signature]</u>	Street: <u>4372 Singel Way</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
2. Print: <u>Lindsey Kreitzman</u> Sign: <u>[Signature]</u>	Street: <u>4402 Cradle Hill Drive</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
3. Print: <u>Stefani Geurts</u> Sign: <u>[Signature]</u>	Street: <u>6946 Rembrandt Rd.</u> City: <u>DeForest, WI</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
4. Print: <u>Amy Harsh</u> Sign: <u>[Signature]</u>	Street: <u>4373 Singel Way</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
5. Print: <u>Holly Weidman</u> Sign: <u>[Signature]</u>	Street: <u>2808 Warner Lane</u> City: <u>Madison</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone

Certification of Circulator

QUINCY NERI (certify): I reside at 809 N. THOMPSON DR. 102
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2261

Circulators.
Please include your

Phone

608

Email

quincy

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>JOHN DREGER IV</u> Print: <u>John Dreyer IV</u> Sign: <u>[Signature]</u>	Street: <u>222 MERRY ST. #9</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>JDreyer@madisonwi.gov</u> Phone: <u>(608) 261-1608</u>
2. <u>Will Horwood</u> Print: <u>Will Horwood</u> Sign: <u>[Signature]</u>	Street: <u>4305 RIGNEY LN</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Will.Horwood@madisonwi.gov</u> Phone: <u>(608) 261-1608</u>
3. <u>Patricia Brey</u> Print: <u>Patricia Brey</u> Sign: <u>Patricia Brey</u>	Street: <u>44 Lakewood Gdns Ln</u> City: <u>Madison</u> Zip: <u>53704</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>patbrey@madisonwi.gov</u> Phone: <u>(608) 261-1608</u>
4. <u>Carlin Johnson</u> Print: <u>Carlin Johnson</u> Sign: <u>Carlin Johnson</u>	Street: <u>3603 Napoli Ln #8</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>carlinjohnson@middletonwi.gov</u> Phone: <u>(720) 535-6200</u>
5. <u>Elizabeth Woods</u> Print: <u>Elizabeth Woods</u> Sign: <u>[Signature]</u>	Street: <u>7345 C Century WI</u> City: <u>Middleton, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>ewoods@middletonwi.gov</u> Phone: <u>(608) 261-1608</u>

Quincy Neri (Printed Name of Circulator) (certify): I reside at 809 N. THOMPSON AVE 102 (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2262

Circulators,
Please include your
Phone: 608
Email: quincyneri@madisonwi.gov

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return to:
Committee
PO Box
Madison

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Owen WATTERSON</u> Sign: <u>[Signature]</u>	Street: <u>3370 CLOVE DRIVE</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>ORAD</u> Phone: <u>608</u>
2. Print: <u>Tonya Natkins</u> Sign: <u>[Signature]</u>	Street: <u>702 Dempsey Rd</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>tony</u> Phone: <u>1608</u>
3. Print: <u>Ed Pohlmann</u> Sign: <u>Ed Pohlmann</u>	Street: <u>1726 Sechtgen St</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>el/p</u> Phone: <u>1608</u>
4. Print: <u>Brian Blank</u> Sign: <u>[Signature]</u>	Street: <u>600 W. Dean Ave</u> City: <u>Monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>1309</u>
5. Print: <u>Duke Sabeti</u> Sign: <u>Julie Sabeti</u>	Street: <u>202 Wind Stone Dr</u> City: <u>Madison</u> Zip: <u>WI 53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jksal</u> Phone: <u>1608</u>

QUINCY NERI (Printed Name of Circulator) (certify): I reside at 809 N. Thompson Dr 102 MADISON
(Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 15 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2263

Circulators.
Please include your

Phone: 608
Email: Quincy
0 A37

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>Richard Steenhagen</u> Print: <u>Richard Steenhagen</u> Sign: <u>[Signature]</u>	Street: <u>514 Luster Ave.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(608) 261-1608</u>
2. <u>Cecelia Sternhagen</u> Print: <u>Cecelia Sternhagen</u> Sign: <u>[Signature]</u>	Street: <u>514 Luster Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(608) 261-1608</u>
3. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

Quincy Neri (Printed Name of Circulator) (certify): I reside at 809 N. THOMPSON DR. 102 (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2264

Circulators:
Please include your

Phone: (608) 261-1608
Email: quincyneri@da.com

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Erin M. Erickson</u> Sign: <u>Erin M. Erickson</u>	6942 Street: <u>Old Amsterdam Way</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>erikson</u> Phone: <u>(608) 785-1111</u>
2. Print: <u>Stefanie Brandenburg</u> Sign: <u>Stefanie Brandenburg</u>	Street: <u>4398 Cradle Hill Dr.</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>S.b</u> Phone: <u>(608) 785-1111</u>
3. Print: <u>Jennifer Machotte</u> Sign: <u>Jennifer Machotte</u>	Street: <u>4368 Singl Way</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>J</u> Phone: <u>(608) 785-1111</u>
4. Print: <u>John Miller</u> Sign: <u>John Miller</u>	Street: <u>829 Fish Hatchery Rd</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Car</u> Phone: <u>(608) 785-1111</u>
5. Print: <u>Jennifer Maly</u> Sign: <u>Jennifer Maly</u>	Street: <u>114 Leonst</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>JMc</u> Phone: <u>(608) 785-1111</u>

Quincy Neri (Printed Name of Circulator) (certify): I reside at 809 N. THOMPSON DR. 102 (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulators.
Please include you
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(608) 785-1111
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	Return Comm PO Box Madison
1. Print: <u>Nathan Erickson</u> Sign: <u>[Signature]</u>	Street: <u>6942 old Amsterdam way</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>188</u> Phone: <u>Phine</u> <u>(608)</u>
2. Print: <u>Melanie Bender</u> Sign: <u>MBB</u>	Street: <u>1937 Pond St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>mbb</u> Phone: <u>(608)</u>
3. Print: <u>Rebecca Turnipseed</u> Sign: <u>Rebecca Turnipseed</u>	Street: <u>424 Klein St</u> City: <u>Deerfield</u> Zip: <u>53531</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Deerfield</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>saor</u> Phone: <u>(608)</u>
4. Print: <u>Virginia Miller</u> Sign: <u>Virginia Miller</u>	Street: <u>4534 Oak Spring</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>25</u> Phone: <u>608</u>
5. Print: <u>Quincy Nery</u> Sign: <u>[Signature]</u>	Street: <u>809 N Thompson Dr</u> City: <u>Madison</u> Zip: <u>53704</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Sohn</u> Phone: <u>(608)</u>

Certification of Circulator

Quincy Nery (certify): I reside at 809 N. THOMPSON DR. 02 MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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DA

SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeff Furst	<i>[Signature]</i>	Street: 205 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Margaret Furst	<i>[Signature]</i>	Street: 205 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Benjamin Anton	<i>[Signature]</i>	Street: 201 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Carole Elizabeth Perry	<i>[Signature]</i>	Street: 213 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Maxine Reese	<i>[Signature]</i>	Street: 213 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Brooke Jackson	<i>[Signature]</i>	Street: 205 Division St #1 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. CALEB POURCOT	<i>[Signature]</i>	Street: 241 Dunning St. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Nancy Habeger	<i>[Signature]</i>	Street: 259 N. Main City: Markesan Zip: 53946	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Markesan	11/15/2011 (Month) (Day) (Year)
9. Kimbely Beitlich	<i>[Signature]</i>	Street: 237 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. TIM SHRIVER	<i>[Signature]</i>	Street: 249 Dunning St. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Furst, (certify): I reside at 205 Dunning St. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Mary Thompson-Shriver		Street: 249 Dunning St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. GARY J. FREEST		Street: 530 MILLER AVE City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Jeremy B. Crane		Street: 214 Jackson St. #1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Rita Burchette		Street: 202 Jackson St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jeffery Neterm		Street: 208 Jackson Street City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
6. Charles A. Quade		Street: 209 Jackson St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
7. LEE SYVERUD		Street: 212 Jackson St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Erin Rodell		Street: 213 Jackson St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. T. Blake Jensen		Street: 215 Jackson St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Von Saunders		Street: 227 Jackson St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Furst, (certify): I reside at 205 Dunning St. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Dustin J. Lee		Street: 227 Jackson St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Rita Mae Reese		Street: 213 Dunning St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Marolyn J. Bahr		Street: 233 Dunning St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Sara Johnson		Street: 2214 St. Paul Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Rick Johnson		Street: 214 Jackson St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Mary K Byrne		Street: 214 Jackson St H 2 City: Madison MKB Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Vincent S Dastoff		Street: 202 Ohio Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Gena Kanorse		Street: 266 Ohio Ave H 2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Harley Schrank		Street: 226 Ohio Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Erin Hinn		Street: 9133 N. Dix Dr City: Milton, WI Zip: 53563	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milton	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jeff Furst, (Name of Circulator), (certify): I reside at 205 Dunning St, Madison (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tamara Lee Engelken	<i>Tamara Lee Engelken</i>	Street: 1110 Timothy Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Teresa Weidemann-Sniy	<i>Teresa Weidemann-Sniy</i>	Street: 1622 S. Thompson City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Ruth P. Lolley	<i>Ruth P. Lolley</i>	Street: 181 Shato Ln. City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
4. Donna Sattan	<i>Donna Sattan</i>	Street: 800 Whispering Way City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cottage Grove	11/16/2011 (Month) (Day) (Year)
5. Thore Powell	<i>Thore Powell</i>	Street: 310 Meadow Lane City: Poynette WI Zip: 53955	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Poynette	11/16/2011 (Month) (Day) (Year)
6. Kenneth Entsminger	<i>Kenneth Entsminger</i>	Street: 2159 Fairfield Rd City: Madison WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. RICHARD SHAW	<i>Richard Shaw</i>	Street: 747 N. THOMPSON DR City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Sherry Swanton	<i>Sherry Swanton</i>	Street: 206 Elm Terr City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
9. Gerald Bae	<i>Gerald Bae</i>	Street: 5300 Midman Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
10. Cory Nelson	<i>Cory Nelson</i>	Street: 2145 Southern Ct City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Sean Hoey, (certify): I reside at 316 Fox Circle village of Cottage Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Christopher Frisque	Chris Frisque	Street: 744 Westlawn Dr. City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Kassy Coleman	Kassy Coleman	Street: 300 Lindsay Way City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. JAMES L. HUSCHKA	James L. Huschka	Street: 300 LINDSAY WAY City: COTTAGE GROVE Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Beverly Fowler	Beverly Fowler	Street: 1013 Northlawn Dr. City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Kimberly Linsemmayer	Kimberly Linsemmayer	Street: 2014 Pass Roble Way City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/14/2011 (Month) (Day) (Year)
6. Kari Held	Kari Held	Street: 722 MOURNING DAVE DR City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
7. Kevin Wellons	Kevin Wellons	Street: 1414 Williamson City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Marshall Heyworth	Marshall Heyworth	Street: 6101 Midwood Ave City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
9. Anne He Bloomquist	Annette Bloomquist	Street: 6714 Amestown Dr City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Patty Lennon	Patty Lennon	Street: 4037 Anchor Dr City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/14/2011 (Month) (Day) (Year)

Certification of Circulator

I, Sean Hoey, (certify): I reside at 316 Fox circle village of Cottage Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Michele McConnell	<i>Michele McConnell</i>	Street: 6213 Midwood Ave City: Monona, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11 / 16 / 2011 (Month) (Day) (Year)	Email Phone
2. Charli Haglin	<i>Charli Haglin</i>	Street: 3173 Jetty Trail City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Verona <input type="checkbox"/> City	11 / 16 / 2011 (Month) (Day) (Year)	Email Phone
3. Elizabeth Merfeld	<i>E. Merfeld</i>	Street: 118 Copps Ave. City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11 / 16 / 2011 (Month) (Day) (Year)	Email Phone
4. LORI NATHANIAN	<i>Lori Nathanian</i>	Street: 413 Bonnie Rd City: Cottage Grove WI Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11 / 16 / 2011 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Sean Hoey, (certify): I reside at 316 Fox Circle Village of Cottage Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Sean Hoey
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Sarah Nehls Sign:	Street: 3510 Sunset Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood Hills (Municipality Name)	15 MM 11/15/2011 (Month) (Day) (Year)	Email: nehls@ Phone: (608) 2
2. Print: T. Michael Nark Sign:	Street: 17 Hickory Hollow Dr. City: madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Print: Melanie Patton Sign:	Street: 1717 Lake Point Dr #306 City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: mann Phone: ()
4. Print: Corinne Ball Sign:	Street: 7113 Park Shores Ct. City: Middleton, WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Print: Chris Smith Sign:	Street: 1017 S. HOLIDAY DRIVE City: WAUNAKEE, WI Zip: 53597	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUNAKEE (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: (608) 2

I, Wendy Miller (Printed Name of Circulator), (certify): I reside at 4441 Fourth St (Circulator's Residence - Street Name and Number) Town of Windsor (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.
Please include your contact information

Phone: (920) 5
Email: transamer

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Denise Krolnik</u> Print: <u>Denise Krolnik</u> Sign: <u>Denise Krolnik</u>	Street: <u>421 Meanderwood Rd</u> City: <u>Oregon WI</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rutland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 535-7575</u>
2. <u>Brittany Goodspeed</u> Print: <u>Brittany Goodspeed</u> Sign: <u>Brittany Goodspeed</u>	Street: <u>4443 N. Laura Dr.</u> City: <u>Janesville</u> Zip: <u>53548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Janesville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 535-4848</u>
3. <u>John C. Peterson</u> Print: <u>John C. Peterson</u> Sign: <u>John C. Peterson</u>	Street: <u>W4647 Cty Rd FF</u> City: <u>Monroe</u> Zip: <u>53560</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sylvester</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 535-6060</u>
4. <u>Laura Ivashko</u> Print: <u>Laura Ivashko</u> Sign: <u>Laura Ivashko</u>	Street: <u>1655 Capital Ave #3</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 535-7050</u>
5. <u>JAMES VERHOEVE</u> Print: <u>JAMES VERHOEVE</u> Sign: <u>James Verhoeve</u>	Street: <u>205 RICHLAND LANE</u> City: <u>MADISON, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 535-7050</u>

I, Wendy Miller, (certify): I reside at 4484 Earth St Town of Windsor
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a) Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Wendy Miller
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators.
Please include your contact information.

Phone
(608) 271-1212
Email
hansmann@windsorwi.com
A

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Suzette Marchant</u> Sign: <u>Suzette Marchant</u>	Street: <u>214 Creek Edge Ct</u> City: <u>Wausaukee WI</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wausaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>72741</u> Phone (608)
2. Print: <u>KATHRYN BURKE</u> Sign: <u>Kathryn Burke</u>	Street: <u>2305 Ston Ridge</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>kfburke</u> Phone (608)
3. Print: <u>Angela Wealti</u> Sign: <u>Angela Wealti</u>	Street: <u>500 South St</u> City: <u>Wausaukee</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wausaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>amadler10</u> Phone (608)
4. Print: <u>Andree Wilson</u> Sign: <u>Andree Wilson</u>	Street: <u>520 Enterprise Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>bugg21</u> Phone (608)
5. Print: <u>Susan M. Rogers</u> Sign: <u>Susan M. Rogers</u>	Street: <u>701 Diving Hawk Trail</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>oldawg</u> Phone (608)

Certification of Circulator

I, Wendy Miller, (certify): I reside at 4454 Farth St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Windsor
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Wendy Miller
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.
Please include your contact

Phone
(608) 2

Email
transamerica

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karissa Kennedy	Karissa Kennedy	Street: 5601 Elder Pl. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Nicholas Kozich	Nicholas Kozich	Street: 1155 Plum Road City: Rudolph Zip: 54475	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rudolph <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Keren Zielinski	Keren Zielinski	Street: N1972 Rizer Rd City: Endeavor Zip: WI	<input checked="" type="checkbox"/> Town Douglas <input type="checkbox"/> Village <input type="checkbox"/> City Briggsville	11/16/2011 (Month) (Day) (Year)
4. CAROLYN FATH	Carolyn Fath	Street: 221 N HILLSIDE TERR City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. JEAN MARTY	Jean M. Marty	Street: 505 MARK DRIVE City: VERONA, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
6. Diana Trask	Diana Trask	Street: 9 WINTERBURN CIRCLE City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Darren Johnson	Darren Johnson	Street: 7266 Squire Cir S City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
8. Sean Dycote	Sean Dycote	Street: 2118 Allen Blvd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
9. Kirstie Keith	Kirstie Keith	Street: 6237 UNIVERSITY City: madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Constance M. Hay	Constance M. Hay	Street: 5799 Tall Oaks Rd. City: Fitchburg, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kristina Kelly, (certify): I reside at 5404 Mathews Rd #8 City of Middleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Kristina Kelly
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Ken Steeves	<i>[Signature]</i>	Street: E13802 TOWER RD. City: Baraboo Zip: 53913	<input checked="" type="checkbox"/> Town Greenfield <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
2. DAVID SCHUBRING	<i>[Signature]</i>	Street: 840 PARKSIDE AVE City: BARABOO Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village BARABOO <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Karen Schubring	<i>[Signature]</i>	Street: 840 PARKSIDE AVE City: BARABOO WI Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village BARABOO <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Jennifer Wood	<i>[Signature]</i>	Street: N1463 CO HWY J City: Lyndon Station WI Zip: 53944	<input checked="" type="checkbox"/> Town Kildare <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Katie Borth	<i>[Signature]</i>	Street: 2813 SNOWMIST TRAIL City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Jessica Strong	<i>[Signature]</i>	Street: 714 Morning Hill Way City: Madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City city/madison	11/16/2011 (Month) (Day) (Year)	Email Phone
7. Todd Dunning	<i>[Signature]</i>	Street: 2609 Locust Trail City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Karen Borden	<i>[Signature]</i>	Street: 7705 Hillcrest Ave City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)	Email Phone
9. JON BORDEN	<i>[Signature]</i>	Street: 7705 HILLCREST AVE City: MIDDLETON WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)	Email Phone
10. Laurie Kennedy	<i>[Signature]</i>	Street: 5601 Elder Pl City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Kristina Kelly, (certify): I reside at 5404 Mathews Rd #8 City of Middleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Michelle Reynolds Print: Michelle Reynolds Sign: Michelle Reynolds	Street: 6105 Spring Pond Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Shelly. Phone: (608)
2. Christopher Malweg Print: Christopher Malweg Sign: Christopher Malweg	Street: 5207 Broadhead St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: acme Phone: (608)
3. ROBERT FOULK Print: ROBERT FOULK Sign: Robert Foulk	Street: 3396 KUEHLING DR City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Lara Gatto Print: Lara Gatto Sign: Lara Gatto	Street: 15 Matson Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Jason Chapman Print: Jason Chapman Sign: Jason Chapman	Street: 5927 Prairie Wood Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()

I, Barbara Foulk, (certify) I reside at 3396 Kuehling Dr
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

McFarland Bloomington Grove
(Circulator Municipality) BF
Circulators,
Please include your c

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Barbara Foulk
(Signature of Circulator)

Page No. (Official Use Only)
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Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Linda Lehr</u> Sign: <u>[Signature]</u>	Street: <u>2444 Burl Ct</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunn</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>[Blank]</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Barbara Foulk, (certify): I reside at 3396 Kuehling Dr
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Bloomington
McFarland
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Barbara Foulk
(Signature of Circulator)

Page No. (Official Use Only)
2279

Return by
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone
(
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53705

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CHARLES BOWE</u> Sign: <u>[Signature]</u>	Street: <u>N2657 COUNTY RD V</u> City: <u>LODI</u> Zip: <u>53555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LODI</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>DANIEL REDLIN</u> Sign: <u>[Signature]</u>	Street: <u>329 KEDZIE ST APT 2</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Kari Dybdahl</u> Sign: <u>[Signature]</u>	Street: <u>592 D'onofrio Drive, APT D</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Angela Dybdahl</u> Sign: <u>[Signature]</u>	Street: <u>1203 Drake St</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>DONNA SHOWER</u> Sign: <u>[Signature]</u>	Street: <u>915 Rumley Run</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>DEFUREST</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison, WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)

2280

Circulators,
Please include your contact

Phone

() ()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53705

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Helen Bridwell</u> Sign: <u>Helen Bridwell</u>	Street: <u>1316 N Page St</u> City: <u>Stoughton WI</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Ann M. Pooler</u> Sign: <u>Ann M. Pooler</u>	Street: <u>5154 Juneau Road</u> City: <u>Madison, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Mark Andrews</u> Sign: <u>Mark Andrews</u>	Street: <u>1501 Stamp Ter</u> City: <u>MADISON WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Nancy Duren</u> Sign: <u>Nancy Duren</u>	Street: <u>819 Olympic St.</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>RITA GAHAGAN</u> Sign: <u>Rita Gahagan</u>	Street: <u>6402 Howard Dr.</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)
2281

Circulators,
Please include your contact

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Cary Sogal Sign: Cary Sogal	Street: 614 Emerson St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Paul Karch Sign: Paul Karch	Street: 1915 Adams St. City: Madison Zip: 53311	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email apkarch Phone (608) 8
3. Print: Teresa Blackburn Sign: Teresa Blackburn	Street: 20 Sagner Ct #3A City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Eric M. Kestin Sign: Eric M. Kestin	Street: 11 Anniversary Ct City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608) 2
5. Print: Theodore Poole Sign: Theodore Poole	Street: 8402 Prairie Hill Rd City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison, WI 53705
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)

2282

Circulators.
Please include your contact

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>STEVE DOUCETTE</u> Sign: <u>Steve Doucette</u>	Street: <u>119369 Legler Rd</u> City: <u>BROOKLYN</u> Zip: <u>53521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BROOKLYN</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>DAVID RHN</u> Sign: <u>David RHN</u>	Street: <u>1508 CAPITAL AVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) 2
3. Print: <u>LYNDA SEEGER</u> Sign: <u>Lynda Seeger</u>	Street: <u>373 SKYVIEW</u> City: <u>WAUNAKEE</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WAUNAKEE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>seeger</u> Phone (608) 8
4. Print: <u>SUSAN HOGSTROM</u> Sign: <u>Amen Hogstrom</u>	Street: <u>916 SHOVEWOOD BLVD</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>SHOVEWOOD HILLS</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Susan T</u> Phone (608) 2
5. Print: <u>Sandra Hendricks</u> Sign: <u>Sandra Hendricks</u>	Street: <u>407 STARRY AVE</u> City: <u>MONONA</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MONONA</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)
2283

Circulators,
Please include your contact

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Don Hendrikse</u> Sign: <u>Don Hendrikse</u>	Street: <u>407 Starry Ave</u> City: <u>Monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 2</u>
2. Print: <u>Tanya Bakker</u> Sign: <u>Tanya Bakker</u>	Street: <u>7109 Brindley Cr.</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>tanyab</u> Phone <u>(608) 5</u>
3. Print: <u>Matthew Bissen</u> Sign: <u>Mat Bissen</u>	Street: <u>1201 Emerald Terrace Apt 5</u> City: <u>Sun Prairie WI</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 2</u>
4. Print: <u>Jill Brault</u> Sign: <u>Jill Brault</u>	Street: <u>1006 Sutherland Ave</u> City: <u>Janesville</u> Zip: <u>53545</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Janesville</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: <u>Dana Kobylarz</u> Sign: <u>Dana Kobylarz</u>	Street: <u>5005 Camilla Rd</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison, WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)
2284

Circulators,
Please include your contact

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53705

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>TERRY W. KRAUS</u> Sign: <u>Terry W. Kraus</u>	Street: <u>3033 Greenway Trail</u> City: <u>MADISON</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 8</u>
2. Print: <u>HEATH CARPENTIER</u> Sign: <u>Heath A. Carpenter</u>	Street: <u>1902 Londonderry Dr #220</u> City: <u>Madison</u> Zip: <u>53704</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: <u>KATHERINE YOUNG</u> Sign: <u>Kyoung</u>	Street: <u>1351 Morrison St #1</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: <u>Peter Masoia</u> Sign: <u>Peter Masoia</u>	Street: <u>222 S. Carroll St. #202</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: <u>David Bolles</u> Sign: <u>David Bolles</u>	Street: <u>1707 Baker Ave</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Brewers</u> Phone <u>()</u>

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison, WI 53705
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)
2285

Circulators,
Please include your contact

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Teresia Cathrine</u> Sign: <u>Teresia H. Cathrine</u>	Street: <u>440 Fernite Dr.</u> City: <u>monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Zetaphil</u> Phone ()
2. Print: <u>SUSAN H. Axelrod</u> Sign: <u>Susan H. Axelrod</u>	Street: <u>1030 Sherman Ave</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Jody McIntyre</u> Sign: <u>Jody Mc Intyre</u>	Street: <u>4610 Eldorado</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608) 2
4. Print: <u>Jennifer Zscherntz</u> Sign: <u>Jennifer Zscherntz</u>	Street: <u>141 Metro Ter, 209</u> City: <u>Madison</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Susan Oshman</u> Sign: <u>Susan Oshman</u>	Street: <u>108 W LAKEVIEW AV</u> City: <u>MADISON</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>SUSAN O</u> Phone (608) 2

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison, WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)
2286

Circulators,
Please include your contact

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53705

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Colleen Ingwell</u> Sign: <u>Colleen Ingwell</u>	Street: <u>721 Commerce St</u> City: <u>Rewey</u> Zip: <u>53580</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rewey</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Karen Fribbenou</u> Sign: <u>Karen Fribbenou</u>	Street: <u>5903 W Open Meadow</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>THeresa K. CARDINAL</u> Sign: <u>Theresa Cardinal</u>	Street: <u>760A SAINT JAMES ST</u> City: <u>COTTAGE GROVE, WI</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>COTTAGE GROVE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Barry Holcomb</u> Sign: <u>Barry Holcomb</u>	Street: <u>637 E Gorham St Apt 1</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>6 holcomb</u> ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison, WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)

2287

Circulators,
Please include your contact info

Phone

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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53705

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Joan N Baumann</u> Sign: <u>Joan N. Baumann</u>	Street: <u>4625 Autumn Blaze Trl.</u> City: <u>DeForest WI</u> Zip: <u>55532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>DeForest</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>ROBERT HENNINGER</u> Sign: <u>Robert Henninger</u>	Street: <u>215 VAN DEUSEN</u> City: <u>MADISON</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Douglas Cameron</u> Sign: <u>Douglas Cameron</u>	Street: <u>1117 E Gorham</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>hastings</u> Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mary Vaughan, (certify): I reside at 5516 Englewood Drive Madison, WI 53705
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

Mary Vaughan
(Signature of Circulator)

Page No. (Official Use Only)
2288

Circulators,
Please include your contact info

Phone

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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LEONARD H. BELSTNER	<i>Leonard H. Belstner</i>	Street: 3504 E. DYKESON ROAD City: McFARLAND WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/15/2011 (Month) (Day) (Year)
2. JEANETTE M BOSS	<i>Jeanette Boss</i>	Street: 5915 Exchange St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
3. STEPHEN F. SPRINGMAN	<i>Stephen F. Springman</i>	Street: 5708 Running Deer Trl City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
4. CHARLES MULLCANY	<i>Charles Mullcany</i>	Street: 5620 LEXINGTON ST City: McFARLAND WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFARLAND	11/15/2011 (Month) (Day) (Year)
5. PAT KENNEDY	<i>Pat Kennedy</i>	Street: 5505 Chestnut Hill City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
6. TONI WALSKI	<i>Toni Walski</i>	Street: 2828 PLEASANT VIEW City: COTTAGE GROVE Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PLEASANT SPRINGS	11/15/2011 (Month) (Day) (Year)
7. FREDERICK BUHR	<i>Frederick Buhr</i>	Street: 6112 EXCHANGE ST City: Mc FARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFARLAND	11/15/2011 (Month) (Day) (Year)
8. SHIRLEY BUHR	<i>Shirley Buhr</i>	Street: 6112 EXCHANGE ST City: Mc FARLAND Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFARLAND	11/15/2011 (Month) (Day) (Year)
9. ROBERTO SORENSON	<i>Roberto Sorenson</i>	Street: 5710 Wisconsin St City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
10. TODD ABERG	<i>Todd Aberg</i>	Street: 1225 LAKE KEGONSA RD City: Stoughton WI Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rutland	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Nathan Landphier, (certify): I reside at 5302 Long St. McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Nathan Landphier
(Signature of Circulator)

Page No. (Official Use Only)
2289

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Adam Domack		Street: 3280 Lee South ct. City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Carol Erstad		Street: 5694 Ambrosia Terrace City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Maravien Hudson		Street: 4902 Burma Road City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Troy Barlow		Street: 5248 Brandenburg road City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. TANYA KOHN		Street: 2555 West Star Rd City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town Pleasant Springs <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. JASON Helstad		Street: Exchange St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
7. Sherry Phelps-Lamphear		Street: 2346 City Rd AB City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Dunn <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Karen Gramann		Street: 4183 Lookout Trail City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town Dunn <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Alison Potter		Street: 4238 Wanda Place City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Jane Pedersen		Street: 5306 N. Autumn LN. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Nathan Landphier, (certify): I reside at 5302 Long St. McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Patrick A Johnson	<i>Patrick A Johnson</i>	Street: 2696 Tower RD City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)		608
2. CRAIG H. CURTIS	<i>Craig Curtis</i>	Street: PO BOX 515 City: McFARLAND WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFALLAND	11/15/2011 (Month) (Day) (Year)		608
3. MARGARETE JOHNSON	<i>Margarete Johnson</i>	Street: 2696 Tower Rd City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)		608
4. Aldo Kiergaard	<i>Aldo Kiergaard</i>	Street: 5710 Wis Street City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)		608
5. NL		Street: 5710 Wis Street City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
6. John Cronn	<i>John Cronn</i>	Street: 4708 Grandview Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)		608
7. Sandra Willoughby	<i>Sandra Willoughby</i>	Street: 2700 Barber Dr #2 City: Stouteneger Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)		608
8. Janet Moore	<i>Janet Moore</i>	Street: 6607 Sleepy Hollow Rd City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)		608
9. JEROME C PRIBBEAN	<i>Jerome C Pribbean</i>	Street: 6011 McFarland City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)		608
10. Aaron M. Bencil	<i>Aaron M. Bencil</i>	Street: 6316 Johnson City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)		608

Certification of Circulator

I, Nathan Landphier, (certify): I reside at 5302 Long St McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2291

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kathryn M Lyons	<i>Kathryn M Lyons</i>	Street: 6323 Johnson St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Amy D. Miller	<i>Amy D. Miller</i>	Street: 4718 Dale St #7 City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Gary Schneider	<i>Gary Schneider</i>	Street: 5508 Cardinal City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Lila K. Waltrip	<i>Lila K. Waltrip</i>	Street: 525 8th St #3 City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village Stoughton <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Toni Hutter	<i>Toni Hutter</i>	Street: 5867 Holscher Rd City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Trevor Calkins	<i>Trevor Calkins</i>	Street: 716 Henrich Rd City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village Stoughton <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Peter Savires	<i>Peter Savires</i>	Street: 5006 Farwell St Apt 2 City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Judy Chmura	<i>Judy Chmura</i>	Street: 6104 Spring Ridge City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Mary Pronschke	<i>Mary Pronschke</i>	Street: 1917 Tarragon Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village Madison <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Mary Handrow	<i>Mary Handrow</i>	Street: 5304 Marsh Woods Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Nathan Landphier, (certify): I reside at 5302 Long St. McFarland
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11 / 15 / 2011
(Month) (Day) (Year)

Nathan Landphier
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Kassandra J Wickert</u>	<u>[Signature]</u>	Street: <u>3263 mansion Cir.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <u>Blooming Grove</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>11/15/2011</u> (Month) (Day) (Year)
2. <u>Daniel J. Stephany</u>	<u>[Signature]</u>	Street: <u>6208 Hawk Crossing</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>McFarland</u> <input type="checkbox"/> City	<u>11/15/2011</u> (Month) (Day) (Year)
3. <u>Mary L. Erickson Gerbig</u>	<u>[Signature]</u>	Street: <u>6316 Renee Ct</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>McFarland</u> <input type="checkbox"/> City	<u>11/11/2011</u> (Month) (Day) (Year)
4. <u>Huen Nguyen</u>	<u>[Signature]</u>	Street: <u>5803 Linden Pkwy</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>McFarland</u> <input type="checkbox"/> City	<u>11/15/2011</u> (Month) (Day) (Year)
5. <u>Elizabeth Huber</u>	<u>[Signature]</u>	Street: <u>2141 Muir Field Rd #4</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
6. <u>ANDRÉ TIRAN</u>	<u>[Signature]</u>	Street: <u>2141 MUIR FIELD RD #4</u> City: <u>MADISON, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/15/2011</u> (Month) (Day) (Year)
7. <u>ROBERT TRACH</u>	<u>[Signature]</u>	Street: <u>5529 Milwaukee St</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>McFarland</u> <input type="checkbox"/> City	<u>11/15/2011</u> (Month) (Day) (Year)
8. <u>GAIL Bagley</u>	<u>[Signature]</u>	Street: <u>5529 Milwaukee St</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>McFarland</u> <input type="checkbox"/> City	<u>11/15/2011</u> (Month) (Day) (Year)
9. <u>Ron Blanke</u>	<u>[Signature]</u>	Street: <u>2662 Scott Lane</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DUNN</u>	<u>11/15/2011</u> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)

Certification of Circulator

I, Nathan Landt, (certify): I reside at 5302 Long St McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
#2293

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Barbula's Barbula's Rosa Barbula's	Rosa Barbula's	Street: 1115 E. Wilson St. #312 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email: () Phone: (40)
2. Alex FARIS	Alex Faris	Street: 413 Clemens Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email: () Phone: ()
3. Irish Grant	Irish Grant	Street: 417 Clemens Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email: () Phone: ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: () Phone: ()

Certification of Circulator

I, Mary Babula, (certify): I reside at 1818 Jennifer St. Madison 53704
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mary C. Babula
(Signature of Circulator)

Page No. (Official Use Only)
2294



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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carrie Haugen	<i>Carrie Haugen</i>	Street: 4050 Secret Garden Dr. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
2. Courtney Collins	<i>Courtney Collins</i>	Street: 1810 Forder Avenue-#13 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
3. Aaron Yonda	<i>Aaron Yonda</i>	Street: 1810 Forder Ave. #13 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
4. Carolyn L Bell	<i>Carolyn L Bell</i>	Street: 13 S. Walbridge Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
5. Colleen O'Hara	<i>Colleen O'Hara</i>	Street: 1945 E DAYTON ST City: MADISON Zip: WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
6. Patricia Thompson	<i>Patricia Thompson</i>	Street: 3721 Wilshire Lane City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
7. Ikerik M. Merkle	<i>Ikerik M. Merkle</i>	Street: 701 Westtown Dr City: Cottage Grove WI Zip: 53527	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cottage Grove	11 / 15 / 20 11 (Month) (Day) (Year)
8. Cathleen Dornon	<i>Cathleen Dornon</i>	Street: 1306 Rosedale Ave City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 20 11 (Month) (Day) (Year)
9. Katie Minor	<i>Katie Minor</i>	Street: 5527 Woodglen Trail City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 20 11 (Month) (Day) (Year)
10. Shannon Haas	<i>Shannon Haas</i>	Street: 2742 Moland St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)

Certification of Circulator

I, Tyler Krucas, (certify): I reside at 2332 E. Washington Ave City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Tyler Krucas
(Signature of Circulator)

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Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Laurie Salzman	<i>[Signature]</i>	Street: 3244 Camy Circle City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burke	11/16/2011 (Month) (Day) (Year)
2. Liesel Olson	<i>[Signature]</i>	Street: 3149 Stratton Way #207 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Connie Ellingson	<i>[Signature]</i>	Street: 5904 Woodland Dr City: Waunakee Zip: 53597	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waunakee	11/16/2011 (Month) (Day) (Year)
4. Nancy Miller	<i>[Signature]</i>	Street: 812 McClellan Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Kara Hanko	<i>[Signature]</i>	Street: 5631 Lake Mendota Dr. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. GERALD J. MILLER	<i>[Signature]</i>	Street: 812 McCLELLAN DR City: MADISON, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Todd Moore	<i>[Signature]</i>	Street: 207 Windsor Court City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. William Marberry	<i>[Signature]</i>	Street: 1153 Petra Pl City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Christopher J. Jones	<i>[Signature]</i>	Street: 3805 VIBURNUM RD City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11/16/2011 (Month) (Day) (Year)
10. SEAN STANDISH	<i>[Signature]</i>	Street: 920 SPACHT ST #1 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2, DeForest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Audrey Files		Street: 3154 Ridgeway ave #112 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Mary Ann Alexi		Street: 1113 Haywood Dr City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Jason Loeffler		Street: 3012 Union St. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Jason Cain		Street: 813 Vera Ct City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Orawa Powell		Street: 113 Jackson St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. JOHN D. COOVER		Street: 234 RANDOLPH DR, 227 City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Ann Bell		Street: 1137 Erin St. #107 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. John M Peterson		Street: 126 Acewood BLVD City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Adria Carter		Street: 21 N. Franklin St #4 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. Michelle M. Erschen		Street: 594 Queen St. City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Belleville	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, John Marszal, (certify): I reside at 1308 E. Dayton St Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Louise Stoud	<i>[Signature]</i>	Street: 4726 Steinhilber Trail City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Eileen Doyle	<i>[Signature]</i>	Street: 605 S Fern St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. LANA LAWRENCE	<i>[Signature]</i>	Street: 4726 Steinhilber Tr. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Fareed GUYOT	<i>[Signature]</i>	Street: 939A Meritt Ave City: Oshkosh Zip: WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oshkosh	11/15/2011 (Month) (Day) (Year)
5. Jeramy Ryan	<i>[Signature]</i>	Street: 121 Leighton St #LL City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Diane Sweeney	<i>[Signature]</i>	Street: 1 Burning Wood Ct. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ken Kriesel	<i>[Signature]</i>	Street: 2659 Scott Ln City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
8. Karen Cigale	<i>[Signature]</i>	Street: 38 Golf Course Rd City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Andrew T. Hyatt	<i>[Signature]</i>	Street: 37 Sherman Terrace #3 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Jonathan Niebuhr	<i>[Signature]</i>	Street: 108 Paradise Cir City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, John Marszall, (certify): I reside at 1308 E Dayton St Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
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(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Paul Huffer		Street: 3501 Pitzerstorf St #4 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: _____
2. Keenan Newalls		Street: 3015 Dumbo Dr #4 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: _____
3. John Marshall		Street: 1308 E Dayton St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: _____
4.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____
5.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____
6.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____
7.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20____ (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, John Marshall, (certify): I reside at 1308 E Dayton St Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Jonathan R. Dederich	<i>[Signature]</i>	Street: 226 N. Broom #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Caitlin C. Kempen	<i>[Signature]</i>	Street: 314 S. Broom St. #1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Miles E. KRISTAN	<i>[Signature]</i>	Street: 19 N. HANCOCK City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Stephanie Lindham	<i>[Signature]</i>	Street: 777 University Ave City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, John Marszal, (certify): I reside at 1308 E Dayton St Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

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